

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 4	
<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-99-D-0006			<b>2. Delivery Order/Call No.</b>  0008		<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001JUL26		<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE			<b>5. Priority</b>  DOA5	
<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CSC-A SUE MCGREGOR (309)782-3127 ROCK ISLAND IL 61299-7630  EMAIL: MCGREGORS@RIA.ARMY.MIL				<b>Code</b> W52H09	<b>7. Administered By (If other than 6)</b> DCM DALLAS 1200 MAIN STREET DALLAS TX 75202-4399				<b>Code</b> S4402A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)	
<b>9. Contractor</b>  • CAROB INCORPORATED PO BOX 974 FORT SMITH AR 72902-0000  <b>Name and Address</b>  •  •  TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.			<b>Code</b> 0AT98	<b>Facility</b>  	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X If Business Is</b>  <input type="checkbox"/> Small <input checked="" type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned			
<b>12. Discount Terms</b>  			<b>13. Mail Invoices To the Address in Block</b> See Block 15								
<b>14. Ship To</b> SEE SCHEDULE			<b>Code</b> 	<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381				<b>Code</b> HQ0339	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>		
<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
<b>Purchase</b>			Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. Item No.</b>		<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			<b>20. Quantity Ordered/ Accepted*</b>		<b>21. Unit</b>	<b>22. Unit Price</b>		<b>23. Amount</b>	
		KIND OF CONTRACT: Supply Contracts and Priced Orders									
<b>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</b>					<b>24. United States Of America</b>  By: KRISTAN A MENDOZA /SIGNED/ MENDOZAK@RIA.ARMY.MIL (309)782-0243					<b>25. Total</b>	\$43,000.00
<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date Signature Of Authorized Govt Representative					<b>27. Ship. No.</b>  <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>28. D.O. Voucher No.</b>		<b>29. Differences</b>		
<b>36. I certify this account is correct and proper for payment</b>  _____ Date Signature And Title Of Certifying Officer					<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>32. Paid By</b>		<b>33. Amount Verified Correct For</b>		
									<b>34. Check Number</b>		
									<b>35. Bill Of Lading No.</b>		
<b>37. Received At</b>		<b>38. Received By</b>		<b>39. Date Received</b>		<b>40. Total Containers</b>		<b>41. S/R Account Number</b>		<b>42. S/R Voucher No.</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-99-D-0006/0008 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> CAROB INCORPORATED		

SUPPLEMENTAL INFORMATION

1. THIS DELIVERY ORDER IS SUBJECT TO THE TERMS AND CONDITIONS OF REQUIREMENTS CONTRACT DAAE20-99-D-0006. THE AWARD IS ISSUED AGAINST PERIOD 03.
2. SEE SECTION B FOR THE DELIVERY SCHEDULE.

\*\*\* END OF NARRATIVE A 001 \*\*\*

**Name of Offeror or Contractor:** CAROB INCORPORATED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																											
	SUPPLIES OR SERVICES AND PRICES/COSTS																															
0002	<u>Supplies or Services and Prices/Costs</u>																															
0002AA	<u>PRODUCTION QUANTITY</u>	200	EA	\$ 215.00000	\$ 43,000.00																											
	NSN: 1095-01-236-2203 NOUN: RACK,STORAGE,SMALL FSCM: 19200 PART NR: 9395764 SECURITY CLASS: Unclassified PRON: M11S287M1    PRON AMD: 02    ACRN: AA AMS CD: 06001164H9R  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin    ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table><tr><td>REL_CD</td><td>MILSTRIP</td><td>ADDR</td><td>SIG_CD</td><td>MARK_FOR</td><td>TP_CD</td></tr><tr><td>001</td><td>W52H091086A150</td><td>W25G1U</td><td>J</td><td></td><td>1</td></tr></table> <table><tr><td>DEL_REL_CD</td><td>QUANTITY</td><td>DEL_DATE</td></tr><tr><td>001</td><td>50</td><td>31-JAN-2002</td></tr><tr><td>002</td><td>50</td><td>28-FEB-2002</td></tr><tr><td>003</td><td>50</td><td>30-MAR-2002</td></tr><tr><td>004</td><td>50</td><td>30-APR-2002</td></tr></table> FOB POINT: Origin  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U)    XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND            PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0006/0008	REL_CD	MILSTRIP	ADDR	SIG_CD	MARK_FOR	TP_CD	001	W52H091086A150	W25G1U	J		1	DEL_REL_CD	QUANTITY	DEL_DATE	001	50	31-JAN-2002	002	50	28-FEB-2002	003	50	30-MAR-2002	004	50	30-APR-2002				
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CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0002AA	M111S287M1	AA	2	97	X4930AC9G	6D	26KB	S11116			W52H09	\$	43,000.00	
06001164H9R														
											TOTAL	\$	43,000.00	
SERVICE										ACCOUNTING		OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		97	X4930AC9G	6D	26KB	S11116			W52H09	\$	43,000.00		
											TOTAL	\$	43,000.00	